## COUNTY OF SAN DIEGO DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES

## **CONSUMER COMPLAINT**

Today's Date:		Time:	AM/PM
Complainant's Name:			
Phone Number:		Fax Number:	
Address:			
City:	State:	Zip Code:	
E-mail Address:			
Complaint Information			
Name:			
Adaress:			
City:	State:	Zip Code:	
Date and Time of Occurrence:			
<b>Description of Complaint</b> (pleas	e attach addition	nal page(s) if necessary):	
(p			
Complainant's Signature:		Date:	
	Office	Uoo Only	
	Office		
Date Received By Division:		Received By:	
		Complaint File Number:	
Complaint Referred To:		Date:	
Assigned Inspector:		Date:	
Investigation Results:			
Date Completed:		Action Code:	